

Registration Form

American Conference on Neutron Scattering
June 5-10, 2004 College Park, Md



Mail to: Conferences and Visitor Services – ACNS, University of Maryland, 0101 Annapolis Hall, College Park, MD 20742-9811 Or
Fax to 301/314-6693 (VISA/MasterCard/Discover payments only) *One registrant per form. Please photocopy as needed.*

Please list your name as you wish it to appear on your name badge: Type or Print Clearly

Mr. Ms. Dr. First: _____ M.I.: _____ Last: _____

Organization: _____ Title: _____

Address: _____ Dept.: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Vegetarian: ☐ Special Needs: _____

Registration Fees

Includes conference materials, Welcome reception on Sunday evening, Continental Breakfast Monday through Thursday, Lunch Monday through Wednesday, and daily Refreshment breaks.

On or before April 25, 2004: After April 25, 2004:*

Full Registration	\$250.00	\$300.00
Student (<i>proof of Full-time Student status required – Fax copy of Student ID to 301.314.6693</i>)	\$100.00	\$150.00

Additional Activities/Fees

Banquet – Tuesday, 6/8 \$ _____

Evening Banquet at the College Park Aviation Museum

Registered Attendees – Full Registration: Tickets - \$50.00/person

Registered Attendees – Student Registration: Tickets - \$25.00/person

Guest Tickets # _____ ppl @ \$50.00/person

Tutorials – Sunday 6/6 (please select no more than ONE): \$ 0.00

(*See the conference web page for tutorial descriptions*)

_____ NCNR Summer School Lectures

_____ Residual Stress Tutorial

_____ Pair Distribution Function Tutorial

***Pre-Registration ends May 31, 2004.**

After 5/31 you must register on-site - \$25 additional fee will apply.

Total Due (All fees in US Dollars): \$ _____

3 EASY WAYS TO REGISTER!

1. ONLINE

Visit our website at www.conferences.umd.edu/acns and register online with a credit card.

2. FAX

Complete Registration Form with Credit Card Number and Fax to 301.314.6693

Discover Master Card Visa

Card# _____

Expiration Date _____

Authorized Signature _____

Name on Card _____

Billing address of Cardholder _____

3. MAIL

• Check: *Payable in US funds to University of Maryland*

• Money Order

• Purchase Order P.O.# _____

Copy of Official P.O. must be attached

Send to: Conferences and Visitor Services – ACNS

University of Maryland

0101 Annapolis Hall

College Park, MD 20742

CANCELLATION POLICY

• Cancellations received on or before May 14, 2004 are fully refundable, less a \$50.00 processing fee.

• No refunds after May 14, 2004.

• All cancellations must be in writing.